

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	2	2,606.05	0	0	0.00	441	1778	628,924.70
OUTPATIENT	6	34	2,659.93	0	0	0.00	3560	71922	488,413.87
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	153	1761	18,086.65-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4635	139290	15091,441.99
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	5	88	14,596.35
HOME HEALTH	0	0	0.00	0	0	0.00	2678	56402	2128,551.03
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	15	17	1,539.52	0	0	0.00	6221	32062	381,893.61
CLINIC SERVICES	11	16	2,653.92	0	0	0.00	452	325	33,421.98
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	7	68.78	0	0	0.00	700	197	2,830.36
HABILITATION SERVICES	0	0	0.00	0	0	0.00	59	1874	98,602.87
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	10	103.50
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	269	311	27,975.25
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	15	29	1,019.18	0	0	0.00	3230	5764	78,213.02
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	34	35	74.90	0	0	0.00	5624	5638	12,065.32
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	90	47	1,173.72	0	0	0.00	14977	22246	568,782.31
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	21	21	42.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	3058	211136	324,738.35
OTHER PRACTITIONER	1	1	48.66	0	0	0.00	379	1264	21,719.38
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	10	14	1,773.59	0	0	0.00	409	502	94,333.67
OPTOMETRIST	3	5	305.25	0	0	0.00	592	961	22,735.26
CHIROPRACTIC	0	0	0.00	0	0	0.00	382	878	6,384.47
PODIATRIC	0	0	0.00	0	0	0.00	665	999	9,471.56
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	50	3,904.90
PSYCHIATRIC	0	0	0.00	0	0	0.00	210	317	9,076.55
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	286	8840	61,332.06
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	74	4764	240,986.79
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	3765	172972	2513,596.54
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	80	393	11,549.97
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	101	228	13,965.50	0	0	0.00	17518	742744	22857,559.01

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1541	8688	7348,492.78	635	1909	2879,624.44
OUTPATIENT	1	5	0.00	14768	365929	5403,876.56	9217	161913	4212,960.85
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	159	4483	1909,387.96	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	579	16935	2151,799.30	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1	27	8,968.66	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	4108	93863	3140,847.98	87	407	33,010.39
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	56	110.72	25202	134683	3794,714.60	16927	34009	3000,229.60
CLINIC SERVICES	0	0	0.00	3239	5409	689,227.72	3392	4911	708,733.40
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3235	5788	92,323.73	3185	8427	212,351.39
HABILITATION SERVICES	0	0	0.00	3008	81579	4203,533.68	21	309	16,535.21
REMEDIAL SERVICES	0	0	0.00	1056	22190	417,980.60	420	8610	130,131.91
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	937	1118	134,246.45	319	351	47,332.53
LOCAL EDUCATION AGENCY	0	0	0.00	426	102661	1380,670.38	9	1708	13,016.88

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	92	343	2,975.18	1	2	27.04
PRESCRIBED DRUGS	0	0	0.00	26373	113608	8587,010.52	22625	63100	2715,508.97
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	52857	53807	115,146.98	43460	46288	99,056.32
INDIAN HEALTH SERVICES	0	0	0.00	2	2	578.00	3	3	867.00
FAMILY PLANNING SERVICES	0	0	0.00	139	146	12,090.21	5692	6460	596,130.97
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	220.26	57880	55467	4241,766.75	57193	48290	1456,171.47
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	130	163	7,302.69	34	40	2,642.78
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	36	33	107,253.17	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	27145	27140	54,280.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	627	1545	165,110.73	145	351	14,739.46
MEDICAL SUPPLIES	0	0	0.00	9484	797120	1730,871.47	916	27439	206,140.50
OTHER PRACTITIONER	0	0	0.00	2800	20368	635,907.31	2136	3638	230,787.59
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	0	0	0.00	4031	5372	940,777.41	3334	4699	878,724.47
OPTOMETRIST	0	0	0.00	2352	3222	149,865.02	1672	1966	142,928.04
CHIROPRACTIC	0	0	0.00	2275	5313	80,109.70	1831	4171	138,935.24
PODIATRIC	0	0	0.00	1207	2618	79,383.92	220	288	31,778.96
PHYSICAL DISABILITIES SVCS	0	0	0.00	505	19721	244,006.57	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	338	17969	568,547.81	0	0	0.00
PSYCHIATRIC	1	1	21.23	2995	5518	160,385.59	33	45	3,074.30
RESIDENTIAL CARE FACILITY	0	0	0.00	1237	38083	283,360.70	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	934	54616	2642,119.35	2	345-	5,124.40-
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	22	1736	29,637.53	7	624	8,796.44
AIDS WAIVER SERVICES	0	0	0.00	9	638	8,115.30	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	35	1551	23,728.89	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1801	86661	1439,286.90	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1169	10374	280,637.61	10	77	2,911.44
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	3	68	358.63	60049	2139347	53212,045.71	64856	456830	17832,303.19

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	310	1765	1698,203.16	260	4443	1294,968.29	1907	11713	14657,511.14
OUTPATIENT	7772	73589	1884,930.03	2177	31796	717,779.84	12927	171697	3264,253.36
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	1	20	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	0	5,607.13
INTER CARE MENTAL RETARDA	0	0	0.00	1	4-	58.84-	3	29	1461,546.92-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	30	6,489.78
HOME HEALTH	689	1957	51,723.17	110	311	12,945.89	1146	3930	10,858.58-
LEAD INSPECTION AGENCY	0	0	0.00	1	1	350.00	2	2	724.12
PHYSICIAN	20647	33026	1967,891.12	4468	7451	541,501.23	33462	66052	4582,809.24
CLINIC SERVICES	4424	5854	850,276.55	1116	1552	217,365.24	7684	10915	2293,679.78
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1520	3165	46,975.49	506	1717	31,866.54	3310	9760	165,559.67
HABILITATION SERVICES	0	0	0.00	32	466	23,333.89	6	61	9,529.43-
REMEDIAL SERVICES	3648	63549	1290,655.26	1125	19022	376,881.29	3470	61306	1204,255.76
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	2,000.00-
AMBULANCE SERVICES	158	163	22,623.68	81	84	12,658.28	272	272	39,611.24
LOCAL EDUCATION AGENCY	118	22093	208,468.31	24	4569	29,305.55	110	24840	195,862.79

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	115	362	3,750.21	34	110	1,123.46	156	598	5,854.23
PRESCRIBED DRUGS	19990	34582	1907,527.08	5247	11884	678,682.49	30750	53530	2721,670.84
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	73431	76725	164,191.50	16053	16759	35,864.26	108763	113668	243,249.52
INDIAN HEALTH SERVICES	7	9	2,601.00	6	9	2,601.00	35	36	10,404.00
FAMILY PLANNING SERVICES	702	789	72,379.69	257	276	23,543.02	456	590	59,261.14
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	93292	78634	804,091.95	22539	17364	349,894.95	144850	120264	1470,086.63
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2344	2586	282,780.28	298	330	46,321.05	3623	3883	658,207.07
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	48808	48790	97,580.00	10099	10097	20,194.00	76524	76516	153,034.00
HEALTH INS PREMIUM PAYMENT	198	515	12,380.85	58	171	7,155.12	1529	4845	110,041.13
MEDICAL SUPPLIES	880	13667	94,438.54	175	3971	28,009.35	1081	26453	154,780.78
OTHER PRACTITIONER	2852	7043	330,746.46	711	1862	78,560.38	4549	12001	552,238.76
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	4808	5780	804,339.44	1115	1428	242,040.47	7469	8947	1284,066.04
OPTOMETRIST	1775	2017	130,508.42	477	569	36,578.07	2585	2916	185,656.09
CHIROPRACTIC	916	1700	52,613.23	292	647	20,943.46	1718	3362	101,943.19
PODIATRIC	70	91	12,881.62	30	35	5,675.78	133	164	12,675.33
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	3	97	2,087.79-
PSYCHIATRIC	21	32	3,267.72	7	18	1,030.07	42	71	4,033.20
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	4	93	43,773.17-
CHILDRENS MENTAL HEALTH SVC	36	2287	33,928.10	86	4276	67,874.07	49	3672	52,716.06
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	4	37	1,046.32
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	4	66.24	2	4	531.50-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	35	375	13,926.89	87	707	26,284.05	63	580	26,823.34
UNASSIGNED	1	0	0.00	0	0	0.00	3	0	683,826.42-
* A L L C A T E G O R I E S *	94756	481145	12845,679.75	20450	141925	4931,338.49	127246	792954	32009,997.87

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	31	247	323,075.57	480	2001	716,475.88	34	194	334,966.39
OUTPATIENT	830	11449	241,648.87	4030	91689	576,430.80	427	7996	217,790.29
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	3	153	75,567.94	282	3443	53,711.41	2	126	63,074.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6215	188246	23592,068.10	0	0	0.00
INTER CARE MENTAL RETARDA	13	738	270,391.16	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	20	577	107,527.49	0	0	0.00
HOME HEALTH	122	3849	118,453.63	3632	75304	2998,407.33	32	498	22,649.58
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2285	3583	190,655.43	6454	33356	395,460.07	821	2324	135,217.48
CLINIC SERVICES	518	706	93,725.05	331	231	33,115.12	142	205	29,334.09
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	212	741	11,372.77	852	308	3,638.18	100	250	5,627.39
HABILITATION SERVICES	17	7-	63,421.34	40	895	37,745.30	19	392	28,298.89
REMEDIAL SERVICES	2477	105823	1149,199.48	7	114	2,085.06	14	139	2,889.56
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	18	18	2,859.45	368	465	42,496.36	30	30	4,196.87
LOCAL EDUCATION AGENCY	91	29308	280,802.64	23	3441	130,916.99	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	44	142	1,458.69	1	8	108.16	0	0	0.00
PRESCRIBED DRUGS	5006	13039	1153,526.21	9432	20973	398,526.85	1049	3590	151,607.26
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	10155	10295	22,031.30	21720	21699	46,435.86	1877	1966	4,207.24
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	3	5	1,445.00
FAMILY PLANNING SERVICES	54	60	5,933.62	0	0	0.00	29	29	2,649.88
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	11753	11026	1010,077.08	24456	4686	196,242.34	2712	1981	64,361.81
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	149	153	9,646.58	4	5	224.37	1	1	21.85
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	53	53	147,072.00	0	0	0.00
PATIENT MANAGEMENT	100	100	200.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	160	390	18,879.74	26	51	8,446.49	7	20	470.20
MEDICAL SUPPLIES	241	36379	105,836.26	4770	407121	574,857.05	123	7042	19,112.01
OTHER PRACTITIONER	527	3514	138,957.81	549	1862	56,162.51	72	147	6,122.99
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	893	1062	155,494.47	791	954	136,555.66	167	210	39,249.90
OPTOMETRIST	393	446	28,443.23	727	1086	26,200.79	90	104	7,361.04
CHIROPRACTIC	140	249	7,642.74	258	511	3,862.39	102	249	7,206.98
PODIATRIC	25	29	2,894.26	1080	1518	15,540.48	33	43	2,579.33
PHYSICAL DISABILITIES SVCS	0	0	0.00	208	6888	81,876.17	0	0	0.00
BRAIN INJ WAIVER SERVICES	37	1860	40,870.46	425	22724	717,523.18	0	0	0.00
PSYCHIATRIC	21	38	1,857.36	263	454	12,792.06	31	62	1,831.20
RESIDENTIAL CARE FACILITY	2	82	1,350.60	6	160	2,263.28	0	0	0.00
ID WAIVER SERVICE	207	7668	276,661.97	9	586	10,430.18	1	15	145.40
CHILDRENS MENTAL HEALTH SVC	1	44	643.72	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	27	2362	26,595.04	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5966	295509	3953,865.87	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	39	3876	58,211.26	3	49	642.50	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	212	1777	47,160.41	129	1328	34,523.13	1	0	7.84
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10095	248837	5908,951.10	14228	1190657	35140,824.45	2133	27618	1152,424.47

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	141	580	754,347.38	40	593	257,185.65	4	10	26,842.99
OUTPATIENT	464	15707	432,033.03	1173	15860	329,411.10	103	3776	133,478.48
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	105	54,285.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	50	5,194.70	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	25	1255	5,778.74-	87	140	649.05	1	17	1,159.40
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	762	3143	213,488.10	3210	4730	281,422.23	184	739	174,434.06
CLINIC SERVICES	84	126	16,640.62	801	1051	147,605.73	24	31	7,491.39
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	34	92	1,935.10	192	517	8,686.30	26	85	2,175.29
HABILITATION SERVICES	4	250	12,545.61	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1	0	89.28-	687	11162	224,201.76	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	53	50	8,127.11	18	16	2,133.16	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	26	4827	36,868.68	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	281	1240	75,632.29	4155	7479	508,473.03	219	914	60,007.87
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	249	249	532.86	15030	15613	33,411.82	262	262	560.68
INDIAN HEALTH SERVICES	0	0	0.00	3	3	867.00	0	0	0.00
FAMILY PLANNING SERVICES	6	9	998.79	79	90	9,330.06	2	2	180.96
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	21001	16415	183,440.32	290	266	31,394.82
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	102	102	6,253.93	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	10701	10694	21,388.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	12	350.99	0	0	0.00
MEDICAL SUPPLIES	65	3139	23,167.61	121	3544	13,083.52	27	1171	9,417.61
OTHER PRACTITIONER	64	137	8,232.78	453	1124	62,508.09	23	34	3,218.07
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	53	79	15,445.43	1492	1800	329,195.71	23	29	6,327.19
OPTOMETRIST	26	27	1,996.65	538	603	38,756.34	13	16	1,123.70
CHIROPRACTIC	14	29	869.63	363	701	22,653.30	18	41	1,427.09
PODIATRIC	11	13	448.46	37	43	4,143.76	4	5	443.16
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	237	2,815.39	0	0	0.00
PSYCHIATRIC	33	77	4,121.63	9	10	1,072.89	1	2	49.96
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	5	87.80	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	6	559	9,622.53	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	25	657.04	7	27	1,151.33	0	0	0.00
UNASSIGNED	1	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	848	26382	1624,831.80	14172	97957	2536,769.47	283	7400	459,732.72

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	2	0	1,347.89	0	0	0.00	0	0	0.00
OUTPATIENT	9	20	4,145.10	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	30	3,518.40	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	6	2	487.50	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	21	24	2,062.82	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	27	76	11,561.71	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	4	170	28,654.10	0	0	0.00	7	10	8,703.62
OUTPATIENT	49	765	12,001.10	0	0	0.00	74	1069	26,227.20
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	13	468.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	115	222	8,599.34	0	0	0.00	136	258	22,286.39
CLINIC SERVICES	12	15	1,194.76	0	0	0.00	28	33	4,362.62
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	9	34	492.70	0	0	0.00	22	48	1,127.21
HABILITATION SERVICES	2	55	1,718.55	0	0	0.00	4	122	9,241.82
REMEDIAL SERVICES	200	4705	92,126.47	0	0	0.00	38	470	10,671.31
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	132.73	0	0	0.00	7	9	1,243.60
LOCAL EDUCATION AGENCY	23	7782	52,206.11	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	394	1434	111,608.99	0	0	0.00	160	313	16,742.56
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	444	450	963.00	0	0	0.00	398	431	922.34
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	8	8	544.41
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	511	458	51,348.72	0	0	0.00	542	443	57,795.75
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2	2	850.30	0	0	0.00	5	10	442.56
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	3	3	6.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	56	137	11,612.34	0	0	0.00	1	3	88.86
MEDICAL SUPPLIES	20	1978	2,827.08	0	0	0.00	9	134	1,974.25
OTHER PRACTITIONER	30	952	24,535.27	0	0	0.00	17	19	2,330.96
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	40	42	2,868.02	0	0	0.00	21	30	6,853.34
OPTOMETRIST	19	22	1,310.31	0	0	0.00	14	17	1,294.34
CHIROPRACTIC	9	17	461.60	0	0	0.00	8	25	760.20
PODIATRIC	1	2	85.62	0	0	0.00	4	4	161.79
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	2	2	54.81	0	0	0.00	2	4	57.63
RESIDENTIAL CARE FACILITY	0	0	0.00	1	2	46.90	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	358	19057	329,611.48	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	25	365.75	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	377	3471	133,497.34	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	382	41814	869,600.49	0	2	46.90	384	3460	173,832.76

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	24	99	102,657.99	133	587	371,988.29	0	0	0.00
OUTPATIENT	309	6955	159,797.17	2310	68743	503,018.59	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	8	118	1.97	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	2	1	42.64	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2057	108278	61180,222.06	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	20	161	8,694.11	1295	46575	1775,177.27	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	539	1212	117,147.04	4432	14509	334,089.88	0	0	0.00
CLINIC SERVICES	133	206	27,857.92	342	412	57,439.50	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	68	236	4,874.68	403	624	7,960.87	0	0	0.00
HABILITATION SERVICES	4	166	7,541.07	62	2021	95,213.79	0	0	0.00
REMEDIAL SERVICES	51	1030	16,123.65	115	1759	39,510.55	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	21	24	2,625.36	113	136	14,213.72	0	0	0.00
LOCAL EDUCATION AGENCY	4	699	16,420.43	493	124809	1874,834.70	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	26	114	1,120.35	0	0	0.00
PRESCRIBED DRUGS	941	4051	213,651.23	6488	21676	1577,278.68	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1547	1578	3,376.92	12184	12248	26,210.72	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	1	1	289.00	0	0	0.00
FAMILY PLANNING SERVICES	10	10	711.08	15	17	614.16	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1793	1632	174,551.05	12038	11697	784,031.55	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	1	1	20.27	29	36	3,770.53	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	7	16	1,722.85	632	1595	187,714.55	0	0	0.00
MEDICAL SUPPLIES	106	6564	18,870.86	2532	375641	549,711.89	0	0	0.00
OTHER PRACTITIONER	46	228	6,299.91	822	13315	418,593.67	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	119	169	42,131.70	1293	1502	158,668.50	0	0	0.00
OPTOMETRIST	87	111	8,769.60	564	672	28,558.01	0	0	0.00
CHIROPRACTIC	65	149	4,435.57	288	524	8,548.11	0	0	0.00
PODIATRIC	29	32	2,703.73	472	609	11,891.09	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	49	1,570.81	265	13274	433,593.27	0	0	0.00
PSYCHIATRIC	3	7	203.66	535	811	23,685.33	0	0	0.00
RESIDENTIAL CARE FACILITY	1	28	243.20	10	281	3,919.18	0	0	0.00
ID WAIVER SERVICE	3	108	2,631.00	8937	538998	23915,711.18	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	17	321.83	1	69	1,692.02	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	5	183	2,996.84	1	1	34.13	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	57	1,245.47	156	8952	180,423.53	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	4	27	1,232.31	8126	73983	1960,347.20	0	0	0.00
UNASSIGNED	0	0	0.00	3	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1590	25805	951,429.31	11922	1444588	96530,120.48	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1	25	16,488.03	5974	34814	31453,064.34
OUTPATIENT	0	0	0.00	12	149	2,129.95	59846	1101063	18612,986.12
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	606	10209	2137,941.63
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11412	344552	40849,672.26
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2069	109068	59997,976.12
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	24	695	128,613.62
HOME HEALTH	0	0	0.00	1	2	10.08	13960	284684	10276,109.59
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	3	3	1,074.12
PHYSICIAN	0	0	0.00	26	36	1,574.23	124197	371470	16145,551.39
CLINIC SERVICES	0	0	0.00	16	25	3,425.65	22581	32023	5217,551.04
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	2	4	90.98	14319	32000	599,957.43
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3256	88183	4588,202.59
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	11967	299889	4956,726.88
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	2,000.00-
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	2657	3048	362,475.79
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1330	326737	4219,373.46

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	462	1679	16,417.32
PRESCRIBED DRUGS	0	0	0.00	30	48	5,153.44	134765	357278	20963,903.33
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	147	155	331.70	363732	377869	808,639.66
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	60	68	19,652.00
FAMILY PLANNING SERVICES	0	0	0.00	3	4	359.94	7431	8490	784,727.93
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	192	165	2,083.75	423127	391084	11447,515.23
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	6	7	334.48	6718	7319	1018,818.74
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	89	86	254,325.17
PATIENT MANAGEMENT	0	0	0.00	88	88	176.00	173489	173449	346,900.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3451	9651	538,713.31
MEDICAL SUPPLIES	0	0	0.00	1	144	125.28	23167	1922643	3857,962.41
OTHER PRACTITIONER	0	0	0.00	2	2	1,075.99	15947	67511	2578,046.59
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	0	0	0.00	19	23	2,317.93	25994	32642	5141,162.94
OPTOMETRIST	0	0	0.00	1	1	51.16	11897	14761	812,441.32
CHIROPRACTIC	0	0	0.00	0	0	0.00	8601	18566	458,796.90
PODIATRIC	0	0	0.00	0	0	0.00	4012	6493	192,758.85
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	711	26609	325,882.74
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1030	56260	1766,738.03
PSYCHIATRIC	0	0	0.00	0	0	0.00	4196	7469	226,615.19
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1539	47476	352,515.92
ID WAIVER SERVICE	0	0	0.00	1	39	633.75	10149	606547	27040,509.85
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	564	32341	534,843.78
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	36	3000	34,710.34
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9469	470253	6495,268.59
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2005	99628	1679,710.15
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	34	1,190.00	10202	93178	2541,899.90
UNASSIGNED	0	0	0.00	0	0	0.00	10	0	683,826.42-
* A L L C A T E G O R I E S *	0	0	0.00	169	951	37,552.34	441212	7870788	289100,926.15

* * * E N D O F R E P O R T * * *